

| CLAIMS ONLY | | | | | | Application Number <i>09-887121</i> | Filing Date <i>6/14/04</i> | | |
|--------------|----------|--------|-----------------------|--------|------------------------|---|-------------------------------|--------|-------|
| | | | | | | Applicant(s) | | | |
| | | | | | | * May be used for additional claims or amendments | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | * | * |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep |
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| 50 | | | | | | 100 | | | |
| Total Indep | 2 | | | | | Total Indep | | | |
| Total Depend | 11 | ← | ← | ← | ← | Total Depend | ← | ← | ← |
| Total Claims | 13 | | | | | Total Claims | | | |